

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531780

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2			2		2	
3			3		3	
4			4		4	
5			5		5	
6			6		6	
7			7		7	
8			8		8	
9			9		9	
10			10		10	
11			11		11	
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15			15		15	
16			16		16	
17			17		17	
18			18		18	
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49						
50						
TOTAL IND.			1		1	
TOTAL DEP.	←	19	←	19	←	
TOTAL CLAIMS		20		20		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.	←		↓		↓	←
TOTAL CLAIMS		20		20		